

PAGE	1	OF	1
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>BELIEVE AGAIN</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00571711</span> </div>
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Check if ☐ 24-hour report ☒ 48-hour report ➤ ☒ New report ☐ Amends report filed on MM / DD / YYYY

Full Name of Payee <b>ONMESSAGE, INC.</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2015</div> </div>	
Mailing Address 705 Melvin Ave # 105		Amount <div> <div>50686.00</div> </div>	
City Annapolis	State MD	Zip Code 21401	<b>Transaction ID : 1</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2015</div> </div>
Purpose of Expenditure MEDIA		Category/ Type	
Name of Federal Candidate BOBBY JINDAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1065628.80</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>ONMESSAGE, INC.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2015	
Mailing Address 705 Melvin Ave # 105		Amount 20000.00	
City Annapolis	State MD	Zip Code 21401	<b>Transaction ID : 1_B</b> Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2015
Purpose of Expenditure MEDIA	Category/ Type		
Name of Federal Candidate BOBBY JINDAL	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought	1065628.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>70686.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div>70686.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ROBERT YARBOROUGH

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

MM / DD / YYYY